

Clear Form

FILED

OCT 10 2024

CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

JD

DANIEL LEE MAYCOCK

Plaintiff,

vs.

CLOUDFLARE, INC.

Defendant.

CV24-7102

CASE NO. _____

**APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)**

I, DANIEL LEE MAYCOCK, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ____ No ✓

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____

3 _____

4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

- 7 a. Business, Profession or Yes ____ No ☒
8 self employment?
- 9 b. Income from stocks, bonds, Yes ____ No ☒
10 or royalties?
- 11 c. Rent payments? Yes ____ No ☒
- 12 d. Pensions, annuities, or Yes ____ No ☒
13 life insurance payments?
- 14 e. Federal or State welfare payments, Yes ☒ No ____
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Armed Forces Compensation Scheme, \$3798.07 PM. Armed Forces Independence Paymen
20 \$569.89PM. Universal Credit \$ 1744.88PM

21 3. Are you married? Yes ____ No ☒

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support:\$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 I.E.A.M-A - \$ 86.66

3 H.G.G.M - \$30.30

4 5. Do you own or are you buying a home? Yes ___ No ☒

5 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6 6. Do you own an automobile? Yes ___ No ☒

7 Make _____ Year _____ Model _____

8 Is it financed? Yes ___ No ___ If so, Total due: \$ _____

9 Monthly Payment: \$ _____

10 7. Do you have a bank account? Yes ☒ No ___ (Do not include account numbers.)

11 Name(s) and address(es) of bank: SANTANDAR

12 8 GEORGE ST, TAMWORTH, ENGLAND, B79 7LH

13 Present balance(s): \$ 1,878.28

14 Do you own any cash? Yes ___ No ☒ Amount: \$ _____

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16 market value.) Yes ___ No ☒

17
18 8. What are your monthly expenses?

19 Rent: \$ 1,966.36 Utilities: 701.50

20 Food: \$ 603.75 Clothing: 167.84

21 Charge Accounts:

22 Name of Account Monthly Payment Total Owed on This Account

23 CREATION \$ 162 \$ 2000

24 TUITION FEES \$ 1,559.53 \$ 15595.3

25 _____ \$ _____ \$ _____

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27 they are payable. Do not include account numbers.)

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10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No ✓

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

<u>4 OCT 24</u>	<u>D. Myroch</u>
DATE	SIGNATURE OF APPLICANT